

12-13-06

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**AMENDMENT TRANSMITTAL LETTER**Docket No.  
56086-CON (71699)Application No.  
10/740,698-Conf. #3885Filing Date  
December 19, 2003Examiner  
B. HuhArt Unit  
3767

Applicant(s): Signe E. Varner et al.

Invention: DEVICES FOR INTRAOCULAR DRUG DELIVERY

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

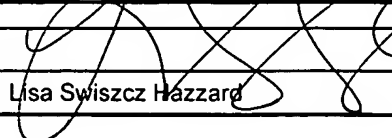
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	62	- 25 =	37	x 50.00	1,850.00
Independent Claims	8	- 3 =	5	x 200.00	1,000.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					360.00
Other fee (please specify): Submission of an Information Disclosure Statement Extension for Response within second month					180.00
					450.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>3,840.00</b>

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 3,840.00.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Lisa Swiszc Hazzard  
Attorney/Agent Reg. No.: 44,368Dated: December 11, 2006EDWARDS ANGELL PALMER & DODGE LLP  
P.O. Box 55874  
Boston, Massachusetts 02205  
(617) 439-4444

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/740,698-Conf. #3885
		Filing Date	December 19, 2003
		First Named Inventor	Signe E. Varner
		Examiner Name	B. Huh
		Art Unit	3767
TOTAL AMOUNT OF PAYMENT		(\$)	3,840.00
		Attorney Docket No.	56086-CON (71699)

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>The Johns Hopkins University</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<u>Small Entity</u>	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
62 - 25 = 37		x 50.00	=	1,850.00			
					<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
					360.00	360.00	
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
8 - 3 = 5		x 200.00	=	1,000.00			
					<u>360.00</u>	<u>360.00</u>	
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =	/50	(round up to a whole number) x	=				
<b>4. OTHER FEE(S)</b>							
						<u>Fees Paid (\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement						180.00	
1252 Extension for Response within second month						450.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	44,368
Name (Print/Type)	Lisa Swiszczy Hazzard	Telephone	(617) 439-4444
		Date	December 11, 2006



Application No. (if known): 10/740,698

Attorney Docket No.: 56086-CON (71699)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. **EV 892 897 433 US** in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on December 11, 2006  
Date

  
Signature

Lakeisha Bryant

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 439-4444  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page), including duplicate copy;

Petition for Extension of Time under 37 CFR 1.136(a) (1 page), including duplicate copy;

Fee Transmittal (1 page);

Response to Office Action (19 pages);

Information Disclosure Statement (2 pages);

IDS (Citation) by Applicant (73 References) (3 pages), including copies of IDS Citations BA-BW and CA-CH;

Charge \$3,840.00 to deposit account 04-1105;

Return Receipt Postcard.